

COMMUNICATIONS SERVICE REQUEST

Part I To be Completed by Requesting Activity

1. Requesting Activity:	2. Activity Request No.:	3. Request Date:	4. Fldr No.:
5. Desired Completion Date:	6. Person to Contact: (Name, Title, & Telephone Number)		
7. Bldg Number:	8. Desired Directory Listing:		

9. Service Requested: <input type="checkbox"/> Install <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Move <input type="checkbox"/> FTS Account <input type="checkbox"/> ISVS Account <input type="checkbox"/> Cost Estimate <input type="checkbox"/> Other specify below	10. Description of Service: Switched (Dial Service) Private Line (Dedicated) <input type="checkbox"/> Class A <input type="checkbox"/> Class I (Hot Line) DSN-CIC S1 6215 Approval <input type="checkbox"/> Cable Pair <input type="checkbox"/> Class B2 <input type="checkbox"/> Analog <input type="checkbox"/> Class C1 <input type="checkbox"/> DATA up to T1 <input type="checkbox"/> Class C2 <input type="checkbox"/> High Rate <input type="checkbox"/> Dialable DATA (T1 and Above) Rate _____ (9.6 to 56 Kbps) <input type="checkbox"/> Other Specify <input type="checkbox"/> Feature Options Below	11. Instrument/Equipment: <input type="checkbox"/> Single Line STD ___ SPKR ___ SPCL <input type="checkbox"/> Dual Line STD ___ SPKR ___ SPCL <input type="checkbox"/> Multi-Line STD ___ SPKR ___ SPCL <input type="checkbox"/> Line Only <input type="checkbox"/> Other Specify Below
12. Special Services (LAN/WAN/MAN) <i>Interface Type</i> <input type="checkbox"/> 10Base; <input type="checkbox"/> 10Base2Fl <input type="checkbox"/> V.35 <input type="checkbox"/> RS449 <input type="checkbox"/> RS530 <input type="checkbox"/> RS232		

13. Description of Work to be Performed / Details of Services (Specify End Points, DATA Rates, Interface requirements and other pertinent information)	Baud Rate <input type="checkbox"/> DSO-64kbs <input type="checkbox"/> ISDN <input type="checkbox"/> Frac-T1 <input type="checkbox"/> DS3 <input type="checkbox"/> T1 <input type="checkbox"/> 10mbs <input type="checkbox"/> 100mbs CSU/DSU <input type="checkbox"/> PairGain <input type="checkbox"/> Kentrox <input type="checkbox"/> 10Base2 <input type="checkbox"/> DU170F <input type="checkbox"/> Codex <input type="checkbox"/> Other <input type="checkbox"/> Smart Switch <input type="checkbox"/> Hub IP/IPX Address(s) _____ _____ _____ Router Type:
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14. Requested by:	15. Approved by:	16. CSR Priority:	17. Restoral Priority:

Part II To Be Completed by CSR Validator

18. Received by:	Approved By:	19. CSR assigned to: (x)	Date:
Date:		a. MEO: () b. ECP: ()	

Part III To Be Completed by Base Communications Department (MEO)

20. Received by:	Date:	21. Approved by:	Date:
22. CSR Number	23. Job Order Number	24. Completion Date:	Hours Used